

Smoking by mothers during pregnancy can adversely affect the supply of oxygen and nutrients to the fetus and has been shown to increase the risk of low birth weight, miscarriage, still birth, premature birth and death in the first few weeks of life. Maternal smoking during and after pregnancy has been estimated to be responsible for one-quarter of the risk of sudden infant death syndrome, or crib death, and parents who smoke around their children put them at increased risk for developing bronchitis, pneumonia, ear infections and asthma. Children exposed to smoke may also be at increased risk for cancer in their adult years. Smoking does cause illness. It causes illness in adults, illness in children, and it is particularly lethal to women.

Let me conclude by saying that this is a Congress that not only will address some important women's health issues, it is also, I believe, the Congress that will move forward on providing coverage for children whose parents work for employers who do not provide insurance or for some other reason are without insurance. It is a crime for this Nation to leave children uncovered for simple diseases like ear infections, much less their parents exposed to the paralyzing catastrophic costs of the hospitalization of a child without coverage.

Mr. Speaker, I yield to my friend and a new Member of Congress the gentlewoman from the Virgin Islands [Ms. CHRISTIAN-GREEN].

Ms. CHRISTIAN-GREEN. I thank the gentlewoman from Connecticut for yielding.

Mr. Speaker, as the first female physician to serve in this body, I find a special cause in women's health and I would like to thank my colleagues in the Congressional Caucus on Women's Issues and our chairs, the gentlewoman from the District of Columbia [Ms. NORTON] and the gentlewoman from Connecticut [Mrs. JOHNSON], and my colleague the gentlewoman from Maryland [Mrs. MORELLA] for organizing this special order.

Mr. Speaker, women make up more than 50 percent of our Nation's population. Further, we are the primary caregivers for our husbands, children and aging parents. Consequently, we as a country have a great stake in the health of our women. To paraphrase a well-known saying, as the health of women goes, so goes the health of our country.

Traditionally, the issue of women's health had not been a political or a legislative priority. However, because of the insistence of women from different walks of life that our stories be heard, that our statistics be included in research, that the problems which specifically affect us be studied and addressed, and because of the leadership of the Caucus on Women's Issues, thank God this is changing.

There are many important issues, such as AIDS, heart disease, cancer, diabetes and violence, each in themselves

deserving of our focus. However, today I choose to address one of the root causes underlying some of the dire statistics that diseases such as these represent, problems such as poverty, poor or inadequate education, lack of opportunity and limited access to health care. Central to all of these is the issue of women's access to health insurance.

According to the Institute for Women's Policy Research, 12 million women of working age between the ages of 18 and 64 have no insurance of any kind. As a result, many of these women have little or no access to our health care delivery system which is predicated on having insurance or Medicaid. The Institute for Women's Policy Research further says that women traditionally obtain health insurance indirectly through their husband's jobs. But more of these women are falling through the cracks as more men have jobs that do not provide health insurance and, in addition, many women do not marry, are divorced, widowed or have a spouse that has retired or lost his job. Studies also show that only 37 percent of women have access to insurance through their own jobs. Five million young women under age 30 have no insurance whatsoever, even though 70 percent of all births are to women in this age group. Single mothers are also more likely to be uninsured despite the presence of Medicaid.

It is a sad reality that even today for women, health insurance and as a consequence health care is available only to those who can afford to pay. With this in mind, it is imperative that we take a hard look at the needs of women with regard to health insurance. In this Congress, the cause of children's health care will be addressed, but we cannot stop there. Rich or poor, we as women must know that our needs and the needs of our families will be met when illness, accident or old age befalls us.

Mr. Speaker, quality health care should not be an option. It must be an available choice, not only for women but for all the people of this Nation. Universal health coverage and universal access to health care for all must remain our goal.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I yield back the balance of my time.

WOMEN'S HEALTH ISSUES

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from the District of Columbia [Ms. NORTON] is recognized for 5 minutes.

Ms. NORTON. Mr. Speaker, I want to thank the gentlewoman from Connecticut [Mrs. JOHNSON] for her work with me as co-chair of the Caucus and for helping to organize this very important special order which has gone so well with its great variety.

Mr. Speaker, I yield to the gentlewoman from California [Ms. SANCHEZ].

Ms. SANCHEZ. Mr. Speaker, I rise today to discuss a serious problem that

affects all our communities, but which is rarely addressed, that of teen pregnancy. Teen pregnancy burdens us all. When teenage girls give birth, their future prospects decline dramatically. Teen mothers are less likely to complete school, they are more likely to be single mothers, and they are more likely to depend on welfare and government support. Teen pregnancy is not only a serious problem, it is a growing problem. Over half a million teenage girls become pregnant each year in our country. California has the highest amount of teen births. It was over 70,000 last year. Four thousand of those teens are young girls from Orange County, my county. My home town of Anaheim has seen the highest number of teen births for all of Orange County.

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That is why I am so concerned about the young women in my district, and I call upon my colleagues to take a thoughtful look at teen pregnancy in their communities.

The United States has the highest rate of teen pregnancy in the industrialized world. Is this because our kids are more sexually active? No; it is because other nations treat teen pregnancy as a public health issue. We define it as a moral or social problem. Let us treat teen pregnancy like the health problem which it is, and let us practice preventive medicine. Reducing teen pregnancy will then prevent abortion and reduce high school dropout rates and the number of women who depend on welfare.

Teen pregnancy is preventable. It is a possible but challenging task. We need a multifaceted approach in our communities, one that addresses not only reproductive health and abstinence but also self-esteem and responsible decisionmaking. Kids need role models, and they need to have the opportunity to be involved in extracurricular activities.

That is why I will be joining the efforts of local organizations in my communities to help combat the rising rate of teen pregnancy in Orange County. I encourage all of my colleagues to take a local approach to solving a national problem.

Ms. NORTON. Mr. Speaker, I yield to the gentlewoman from California [Mrs. TAUSCHER].

Mrs. TAUSCHER. Mr. Speaker, I thank the gentlewoman from the District of Columbia for yielding to me. Mr. Speaker, I rise today to speak about a subject of great importance to the women and families of the 10th Congressional District of California which I am honored to represent. That subject is the need for vital funding for research into the causes, treatments, and cures for breast cancer through the National Cancer Institute of the National Institutes of Health. This is an issue I have been focusing on for many years. In 1992 I was honored to be a founding board member of the Breast Cancer Fund in San Francisco, and I

really believe that this is a very important issue for American women to be paying attention to.

Mr. Speaker, this year the President is requesting \$338.9 million for the National Cancer Institute's breast cancer program, and I urge all the Members of Congress to support this needed funding. Later this spring, the National Breast Cancer Coalition will be presenting Congress and the President with 2.6 million signatures from the constituents from all over America, urging us to work together to support 2.6 billion for cancer research between now and the year 2000. I believe this is a powerful statement about the commitment of the people of the Nation to fighting this disease. The increase in funding this year will allow the National Institutes of Health to continue its work in basic research, prevention, treatment, and community outreach as well as to initiate any studies.

Mr. Speaker, I remain committed to working with my colleagues, the President, and the National Cancer Institute to defeat this killer of American women.

Ms. NORTON. Mr. Speaker, I thank the gentlewoman for her remarks.

Mr. Speaker, it is no accident that we have focused on women's health. This is the 20th anniversary of the women's congressional caucus. In those 20 years we have probably had our greatest success by focusing on women's health. So we come forward this evening in order to press again this issue.

The women's caucus and women members and other members have essentially over the past 20 years made what can only be called great discoveries when it comes to neglected women's health issues. The inclusion of women in clinical trials, for example, was a historic step forward.

During the 105th Congress the congressional women's caucus is going to have a legislative agenda which we will be publicizing in the next several weeks. The reason for that legislative agenda is to measure ourselves and to measure this Congress against real goals. Had we not done that, then the gains we have made, for example with respect to women's conditions like osteoporosis or cervical cancer, simply could not have been made. When we began to work on research in cervical cancer, for example, it was a dreaded disease. Once you got it, nobody knew what to do about it, and now half the cases can be caught and cured.

We might well get the most out of this special order if we could get the agreement of the House and the Senate to pass what I can only call an easy bill. That would be the Mammography Quality Standards Reauthorization Act, or H.R. 1289, that has, of course, been mentioned in this special order this evening, but I mention it as we close out the evening because it is a fitting bill to be the first significant bill affecting women, women's health, passed this year. It is simply a reau-

thorization of a bill that would assure that mammograms are performed under safe circumstances and conditions. It is fitting also because we have just gone through the storm with the doubt and uncertainty that was there over mammography for women in their forties that has been cleared up. We now know that women in their forties should have mammograms at least every other year, if not every year. We come forward this evening, therefore, to remind ourselves not only of what we have accomplished in 20 years bringing women's concerns to the House, but to vigilantly keep ourselves focused on what is yet to be done.

WOMEN'S HEALTH ISSUES

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana [Mr. ROEMER] is recognized for 5 minutes.

Mr. ROEMER. Mr. Speaker, I would just like to hopefully wrap up this very successful special order on women's health issues and congratulate my classmate, the gentlewoman from the District of Columbia [Ms. NORTON], and the gentlewoman from Connecticut [Mrs. JOHNSON] for a very, very successful hour of discussion on very critical matters of women's health.

I would like to be the last speaker on that particular issue and talk about an issue that is very important to me as a Congressman, as a father, as a taxpayer, as somebody that believes in a woman's health issue known as the WIC program.

What is the WIC Program? It is the Women, Infants and Children Program, and it is a program that has always enjoyed wide bipartisan support. Republicans and Democrats alike have supported this program because it accomplishes some very important things.

First, it reduces low birth weight in babies. Second, it reduces the infant mortality rates, death rates for babies born prematurely. Third, it reduces child anemia. And last, it has been directly linked to improving cognitive development for children.

Now why am I as a Member of Congress concerned about this? I am concerned, Mr. Speaker, because milk prices have increased this year and last, and the caseload experience and the caseload numbers have increased in the WIC Programs in an alarming rate. So the White House has very, very wisely asked for a \$76 million increase to take care of this increase in milk prices and caseload.

Mr. Speaker, just recently in a Committee on Appropriations markup, the Republicans cut this \$76 million increase in half, cut \$36 million out of the WIC Program. Now at a time, Mr. Speaker, when we are learning from Newsweek and Time Magazine, on the front covers of these magazines, that everything we can do when that child is in the womb, the fetus, or when that child is between 1 and 5 is critical to help these children to learn and grow

and that this is the most critical time for a child to maybe pick up a new language and learn intellectual skills and cognitive development.

We are talking about cutting this program by \$36 million. What does a \$36 million cut result in?

It results in 180,000 children not getting access to this good program. One hundred and eighty thousand children. Now I do not think that is smart.

I support balancing the budget, and I am willing to cut a space station that does not work, I am willing to cut Star Wars in half, but I am not willing to cut children and women out of the WIC Program. Why? The General Accounting Office has said not only is this the best thing for children and young mothers, but for every dollar we invest in the WIC Program, we save \$3.50 on Social Security disability payments and on Medicaid and on other government programs.

So, if we cut \$36 million and cut 180,000 children out of this program, we are probably going to cost the taxpayer \$120 million later on down the line in increased costs.

So I strongly urge this body to adopt an amendment and put this \$36 million back into the WIC Program this week when we consider the emergency supplemental program and continue to do what the White House urged us to do last week in their conference on early childhood development. Let us invest in our children. Let us not just talk about an America that puts their children and their families first. Let us put our money where our mouth is. Let us make sure that the WIC Program is adequately funded.

Mr. Speaker, I would just say in conclusion that I am strongly committed to this program, I am strongly committed to making sure that our children have access, all children across America, and I would just say that I am honored to be the last speaker on this special order on women's health and delighted that it went so well.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise tonight to speak about an issue of vital importance to the women of this Nation—breast cancer. As a woman and a mother, I feel that there are few issues as important as the breast cancer epidemic facing our Nation.

As you may know, breast cancer is the most commonly diagnosed cancer in American women today. An estimated 2.6 million women in the United States are living with breast cancer. Currently, there are 1.8 million women in this country who have been diagnosed with breast cancer and 1 million more who do not yet know that they have the disease. It was estimated that in 1996, 184,300 new cases of breast cancer would be diagnosed and 44,300 women would die from the disease. Breast cancer costs this country more than \$6 billion each year in medical expenses and lost productivity.

These statistics are powerful indeed, but they cannot possibly capture the heartbreak of this disease which impacts not only the women who are diagnosed, but their husbands, children, and families.

Sadly, the death rate from breast cancer has not been reduced in more than 50 years.